

Michigan Department of Community Health
Board of Nursing Home Administrators
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

NURSING HOME ADMINISTRATOR LICENSE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Nursing Home Administrators. Questions regarding your application can be directed to the Michigan Board of Nursing Home Administrators at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time.

GENERAL INSTRUCTIONS FOR ALL APPLICANTS

Please mark the appropriate type of license for which you are applying. Read all instructions carefully and answer all questions on the application. Failure to correctly complete the application in its entirety may delay the processing of your application. Submit a completed application with the proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

LICENSE BY EXAMINATION:

1. All applicants must apply for the Michigan NHA license before being allowed to take the licensing examinations. You will be required to take and pass both the Michigan and the National examinations. Both examinations are administered in a computerized format. A passing score on either the Michigan or the National Examination is valid for 1 year from the date of the examination.
2. To meet the educational requirements for examination, you must arrange for one of the following to be received in this office:
 - a. A transcript showing a baccalaureate or higher degree conferred, forwarded directly to this office from the educational institution; **OR**
 - b. A copy of your current Michigan Registered Nurse License; **OR**
 - c. Proof of having completed one of the following approved educational programs in Nursing Home Administration. Documentation of completion must be sent to the Board directly from the educational program:
 - i. Michigan State University's continuing education program in nursing home administration
 - ii. Madonna University's nursing home administration certificate program
 - iii. Oakland Community College's certificate program in health care administration
3. Verification of licensure from any state where you hold or have ever held a nursing home administrator license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed or registered.

Once you have met the requirements for examination, you will be sent information about how to register on-line to take the examinations. More information about the computerized examinations can be found on the NAB website: www.nabweb.org.

LICENSE BY ENDORSEMENT (Requires a current, active license as a Nursing Home Administrator in another U.S. jurisdiction.) You will be required to take and pass the Michigan Examination.

1. Submit a completed application with proper fee.
2. Verification of licensure from any state where you hold or have ever held a nursing home administrator license or registration. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed or registered.

Once you have met the requirements for examination, you will be sent information about how to register on-line to take the examination. More information about the computerized examination can be found on the NAB website: www.nabweb.org.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Nursing Home Administrators in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing Home Administrators in writing to request a refund.
3. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: Department of Community Health, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.

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DCH/NHA-010 (05/04)

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**APPLICATION FOR NURSING HOME
ADMINISTRATOR LICENSE**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING

- ☐ License by Examination- Fee: \$75.00 71-4801-2501
- ☐ License by Endorsement - Fee: \$75.00 71-4801-2801

Board Use Only

License Number

Date of Licensure

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan License Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Name of School and Location		Certificate or Degree Granted
Date of Course Completion	Registered Nurse License Number (If Applicable)	
Have you ever held a health professional license in Michigan?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period or any 1 malpractice settlement, award or judgment totaling \$200,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

- | | |
|---|--|
| 6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you hold or have you ever held a nursing home administrators license in any state? List each state, the license number, the date issued, and how license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

State	License Number	Date of Issue	How obtained (Endorsement or examination)

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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Michigan Department of Community Health

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Nursing Home Adm.	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Optometry	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Basis for Issuance of License:		Type of License:
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.)	<input type="checkbox"/> Endorsement - Please indicate name of state	
License Status	Original Issue Date	Expiration Date
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive		
Has the applicant incurred any formal or informal actions in your State?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.		
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board